

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 23, 2005 8:00 am
Secretary of State**

03-23-2005 90239 044 ****50.00

DOCUMENT # M03000003183																	
1. Entity Name TARA WOODS SPE LLC																	
Principal Place of Business 150 N. WACKER DR., STE. 900 CHICAGO, IL 60606		Mailing Address 150 N. WACKER DR., STE. 900 CHICAGO, IL 60606															
2. Principal Place of Business		3. Mailing Address															
Suite, Apt. #, etc. Suite 2800		Suite, Apt. #, etc. Suite 2800															
City & State		City & State															
Zip	Country	Zip															
6. Name and Address of Current Registered Agent																	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324																	
7. Name and Address of New Registered Agent																	
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State															
9. MANAGING MEMBERS/MANAGERS																	
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